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THE UNIVERSITY OF MICHIGAN
SCHOOL OF PUBLIC HEALTH

RESPONSIBILITIES OF ARMY HEALTH NURSES AND SERVICES
PRESENTLY BEING FURNISHED TO THE MILITARY
MEMBER AND HIS FAMILY

by
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CHAPTER I

INTRODUCTION

The first Army health nursing program was established at the Fort Devens, Massachusetts medical installation in 1949 under the direction of Colonel James Pappas and Lieutenant Mary Sarris.¹ The purpose of the establishment of Army health nursing programs has been described by Aynes, "with the advent of the cold war and the everincreasing number of persons and their families who file through the Army's community every year, it became obvious that an Army health nursing service would be immeasurably helpful in keeping people out of our hospitals. Perhaps illness could be prevented and admission not necessary."²

"Other programs were initiated in the early 1950's and in 1954 an Ad Hoc Advisory Committee on Army Health Nursing was appointed by the Surgeon General. As a result of this Committee's recommendations, the Health Nursing Branch was established in the Preventive Medicine Division in September 1955."³

¹Letter from Lieutenant Colonel Mercedes M. Fischer, Chief, Health Nursing Branch, Department of the Army, Washington, D.C., (23 March 1962).

²Edith A. Aynes, "The Army Area Chief Nurse", Nursing Outlook, Vol. II, No. 3 (March 1954), p. 139.

³Letter from Lieutenant Colonel Mercedes M. Fischer (23 March 1962).

Since 1949, programs of health nursing have been incorporated in many medical facilities within Army installations throughout the world. As of 1 November 1961, there were 81 Army nurses that had the MOS⁴ of 3431--the Army Surgeon General's designation of a qualified public health nurse.

A health nurse in the United States Army Medical Services possesses the following special qualifications:

Must have had 6 months' experience in general military training.

Must be a graduate of school of nursing acceptable to Department of Army, and maintain current State licensure.

Must have one of the following educational requirements:

Baccalaureate degree from collegiate school of nursing accredited to prepare nurses of beginning positions in public health nursing, or a baccalaureate degree in nursing from accredited school and minimum of two years of supervised experience in public health agency, or completion of public health content in approved educational program and have at least one year of supervised experience in public health agency, or a minimum of three years of supervised experience in public health agency that emphasizes family health services, Army health nursing, or a combination of both, one of which was under Army health nursing supervision.⁵

The mission of the Army health nurses is to assist the individual in assuming responsibility for his own health by teaching, guidance, and supervision on the part of the health nurse.⁶ Therefore, the only difference between public health

⁴Military Occupational Speciality

⁵Army Regulation 611-101, Medical Service, Personnel Selection and Classification: Manual of Commissioned Officer Military Occupational Specialities, Department of the Army, Washington D.C., (27 December 1960), p. 120.

⁶Eileen M. Waite, "Army Health Nursing, Selected Papers from 1956 and 1957 Workshops", Walter Reed Army Institute of Research, Walter Reed Army Medical Center, Washington, D.C. (May 1958), p. 208.

nursing and health nursing in the United States Army is the setting in which these health nursing services are rendered.

The Problem

This study was undertaken to identify the responsibilities of Army health nurses and the services now furnished to the military member and his family. In other words, this study was conducted to obtain information about the role of the health nurses in their present assignments.

Purpose of the Study

The purpose of this study was to obtain information in order to answer the following questions:

1. What do health nurses perceive as their major responsibilities?
2. For what services or activities are health nurses responsible?
3. Are health nurses satisfied with their present program?
4. Does the officer who is professionally responsible for the health nursing program have any effect on the nurse's perception of her major responsibilities?
5. What means are provided to health nurses to interpret their programs to other members of the total patient care team?

Assumptions

1. The following variables affect the health nursing program and therefore the role of the health nurse:

- a. Geographical location of the individual military installation. Some installations are located in or near large cities or county seats where community resources can be utilized by health nurses to complement those military resources readily available for total patient care. Other installations are located a distance from communities; therefore health nurses have to rely only on military medical facilities or state health departments by referrals.
 - b. Mission of military installation. The characteristics of the population to be served will vary according to the military mission of the facility. Combat training posts generally have a larger number of young unmarried men, while general hospitals and military schools have more married men and their families.
 - c. Number of health nurses assigned to the individual installations. Currently, the staffing guide for station complements calls for one health nurse per 2,500 military population.
 - d. Number of non-professional personnel assigned to the health nursing program.
2. Health nurses perceive their role in dissimilar ways due to the different types and amounts of educational preparation and experience in health nursing.

Limitations of the Study

1. Data obtained for this study were limited to those that could be secured by a questionnaire.
2. The questionnaire used in this study could not be pre-tested by a group comparable to the health nurses in the United States Army.
3. Relevant studies were limited to two studies done by Army health nurses as partial requirement for a course in a Master in Public Health program.

Definition of Terms Used

The following terms were used throughout the study:

Perceive--see, understand

Role--job, position, function, responsibilities

Total patient care team--physicians, ward and clinic nurses (Army nurses as well as civilian nurses employed by Department of the Army), physical and occupational therapists, dietitians, social workers, chaplains, and other disciplines that have contact in caring for a patient in the hospital and after discharge.

CHAPTER II

REVIEW OF THE LITERATURE

Review of Previous Army Health Nursing Studies

Pfeffer, Henrietta H., The Role of the Army Health Nurse in the Military Community as Perceived by the Post Surgeon and the Hospital Chief Nurse, University of North Carolina, Chapel Hill, 1956.

Post Surgeons and Chief Nurses without public health training, who share the responsibility of the Army health nursing program did not demonstrate the same concepts of health nursing as shown by Post Surgeons and Chief Nurses who had public health training or experience. The Chief Nurses approved more functions of health nursing at a higher level of agreement than did the Post Surgeons. This study further pointed out that the Army area location and size of the military post did not influence the functions selected by the Chief Nurses and Post Surgeons as being very important in the health nursing program.

Reed, Anna G., Orientation Needs of Army Nurses in the Field of Army Health Nursing, John Hopkins University, Baltimore, Maryland, 1954.

This study indicated that there was a need for more definitive orientation procedures, better communication

techniques and more effective liaison in order that Army nurses would better understand the functions of the Army health nursing program.

Other Related Literature

Several articles have been written by Army Medical Service personnel and nursing leaders describing the Army health nursing program. The mission and history of health nursing program has been outlined as has the purpose for its initiation.

Prior to the actual establishment of a health nursing program in 1949, Army nurses were assigned to the Division of Preventive Medicine in Europe to assist in conserving military manpower through proper preventive health measures and to further all plans designed to improve the health, well-being and morale of the Army.⁷ Other Army nurses were later assigned to survey nursing needs in Germany. These nurses worked with the German authorities to help maintain the health of the population at a level that would not endanger the United States Army occupation troops.⁸

Following the organization of the first Army health nursing program in 1949, the needs of the Army Medical Service

⁷Headquarters Office of the Army Nurse Corps in the European Theater of Operations, "Health Services for G.I. Joe: Part I, Army Nurses Tackel Health Problems in the ETP", American Journal of Nursing, Vol. XLIV, No. 9 (Sept. 1944) p. 932.

⁸Article, "Army Nurses Survey Nursing in Germany", American Journal of Nursing, Vol. XLV, No. 11 (Nov. 1954), p. 963.

for aid in taking care of the large military dependent population and through preventive health measures, a reduced number of hospital admissions, were met by the initiation of other health nursing programs in the early 1950's.

In 1954, an Ad Hoc Committee on Army Health Nursing was appointed by the Surgeon General. Dr. Charles Smith was the chairman and other members were Dr. Ruth Freeman, Miss Helen Fisk, Miss Pearl McIver, and Dr. Mack Shanholtz. As a result of this Committee's recommendation the Health Nursing Branch was established in the Preventive Medicine Division in September 1955.

The years 1956 and 1957 found selected Army health nurses meeting in Washington, D.C. to review the progress already made in the health nursing program and to work on records and portions of a manual for health nurses to use in the program.

Both the completed records and the Manual for Army Health Nurses have been available since the latter part of 1959.

CHAPTER III

METHOD OF PROCEDURE

This study was undertaken to determine what services and activities health nurses are performing at their present assignment, and to ascertain if, in their opinion, these are their functions as health nurses.

Approval for this study was received from Lieutenant Colonel Mercedes M. Fischer, Chief, Health Nursing Branch, Department of the Army.

A questionnaire was chosen as being the most feasible means of obtaining data from which to draw conclusions (Appendix, Exhibit 1). Because of the length of time it would take a questionnaire to be sent to an overseas installation, completed and returned, it was decided to survey only those nurse officers assigned to health nursing positions in Army medical facilities in the continental United States.⁹ A list of Army health nurses and their present assignments, furnished by Lieutenant Colonel Fischer, ANC, dated 1 November 1961, was used to obtain the names and addresses of the health nurses.

⁹Continental United States is considered the 48 States on the North American mainland. Alaska and Hawaii are still considered overseas assignments.

Questionnaires and covering letters (Appendix, Exhibit 2) were sent to 52 Army Nurse Corps officers assigned to health nursing programs in the continental United States as of 1 November 1961. In addition, 4 Army Nurse Corps officers assigned for supervised experience in health nursing were included in the population that was used for this study. These letter mentioned officers are assigned to the larger military medical facilities where their first experience as a health nurse is under the supervision of an experienced Army health nurse.

CHAPTER IV

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Of the 56 questionnaires that were forwarded to health nurses and nursing trainees assigned for supervised experience to health nursing programs in the continental United States 38 were returned completely filled out, making a 68.8% return. In addition two other questionnaires were partially completed and three other health nurses sent a note or letter explaining they were not able to complete the questionnaire at the present time for the following reasons: just arrived at present assignment, transferred to another assignment, and not in the health nursing program at the present time. Several respondents enclosed additional comments with the completed questionnaire and these comments have been included in the presented data.

The 38 completed returns came from nurses assigned to 27 Army installations. Of these 15 replies were returned from 16 installations where one health nurse was assigned, 8 from the 10 medical facilities that had two health nurses, and 5 from the 5 installations where three health nurses were assigned. It was interesting to note that three of the 4 Army nurses assigned for supervised experience answered the questionnaire having a 75% rate of return in comparison with the 62.5%

return rate of the experienced health nurses. The other Army nurse indicated that her assignment for supervised experience was still too recent to be able to forward any pertinent information concerning the health nursing program.

Officer Responsible for Total Army Health
Nursing Program

Army Regulation 40-551, dated 1 November 1960, states that "the Army health nurse will normally be assigned to the post surgeon's office and will be responsible directly to the post surgeon, preventive medicine officer, or a designated assistant medical officer. Her work requires close coordination with that of the preventive medicine officer (MOS 3005)"^{10,11}

The person to whom the respondents in this study were responsible is shown in Table 1.

Among the respondents, three stated that the Chief, Nursing Service, was the officer responsible for the total health nursing program, and 8 related that some type of medical officer other than the Preventive Medicine Officer or Post Surgeon was the responsible officer for the health nursing program. All of these medical officers have administrative

¹⁰Army Regulation 40-551, Medical Service, Army Health Nursing Program, Department of the Army, Washington, D.C. (1 November 1960), p. 1.

¹¹MOS 3005. Preventive Medicine Officer must have a doctor of medicine degree from a medical school acceptable to the Department of the Army and must have completed the prescribed military or civilian training in preventive medicine required by the Department of the Army.

and professional responsibility for the overall direction and supervision of the health nursing program in addition to their other duties, such as Chief, Medical Service, Commanding Officer of the Hospital, or Chief, Pediatric Service. It is obvious that the health nursing program at these installations do not receive the amount of guidance that a full-time assignment to the health nursing program could receive.

TABLE 1. TITLE OF RESPONSIBLE OFFICER FOR TOTAL ARMY HEALTH NURSING PROGRAM, JANUARY 1962

Title of Responsible Officer	Number of Respondents
Preventive Medicine Officer	27 a
Post Surgeon	4
Other	
Chief Nurse	3
Chief, Medical Service	2
Other	2 b
Total	38

^aIncluded one part-time Preventive Medicine Officer and one Preventive Medicine Officer who was also Chief, Department of Hospital Clinics.

^bIncluded one Chief, Professional Services who was also Commanding Officer of the Hospital, and one Chief, Pediatric Service, loaned from Outpatient Clinic.

Non-Professional Personnel

In 1951, the Department of the Defense suggested that enlisted men could be trained to take over some of the professional nurses' work and then release her for nursing

activities.¹² Full-time or part-time non-professional workers assigned to a health nursing program can help in freeing the health nurses from performing clerical duties, thereby enabling them to use their duty time in assuming those responsibilities that are of a professional nature only. In Table 2, the distribution of non-professional personnel assigned to the health nursing programs of the 27 Army medical facilities included in this study is shown.

TABLE 2. DISTRIBUTION OF NON-PROFESSIONAL PERSONNEL IN ARMY HEALTH NURSING PROGRAM, 27 ARMY MEDICAL FACILITIES

Full-time Workers		Part-time Workers	
Personnel	Number of Posts	Personnel	Number of Posts
5	1	14	1
4	0	5	3
3	1	4	0
2	1	3	2
1	11	2	1
0	13	1	4
		0	16
Total	27		27

The one installation that had 5 non-professional full-time personnel assigned to the health nursing program included those personnel that worked in the Immunization Clinic under the supervision of the Army health nursing program. Of the 13 medical facilities that reported no full-time non-professional personnel assigned, 4 have health nursing programs in which

¹²Marie Rowley, "Training Army Medical Service Technicians", Nursing Outlook, Vol. III, No. 11 (November 1955), p. 608.

one health nurse was assigned. These nurses, having to perform even the minimum of work that could be designated to non-professional workers, have had that much less time to carry out those services felt to be necessary in their respective medical facilities. Table 2 also indicates the number of part-time non-professional personnel available for duties related to the health nursing program. The duties of these non-professional personnel, whether full-time or part-time, included typing and keeping records, acting as a receptionist for the nurse, setting up and showing films in patient education classes, driving the nurse on home visits, and being an assistant to the health nurse in the various clinics conducted by those in the health nursing program. Four of the respondents stated that their clerical work was done on a part-time basis by the secretary in the preventive medicine office, and which they felt to be adequate only as a temporary measure until a full-time non-professional individual would be assigned to the program. Two other health nurses reported that American Red Cross Volunteer Staff Aides now do their clerical work for them.

Eight of the installations that had no full-time non-professional personnel assigned to the program have no part-time personnel either. Four of these installations were those to which one health nurse was assigned. The other 4 installations had at least two health nurses in the program.

Selection of Major Responsibilities

The Army health nurses plan and maintain the health nursing program for the installation or area under the post surgeon and designated officers of the Medical Service. The responsibilities that the respondents considered to be their most important ones are listed in Table 3

**TABLE 3. RESPONSIBILITIES SELECTED AS THE MOST IMPORTANT
BY 38 ARMY HEALTH NURSES IN THE CONTINENTAL
UNITED STATES**

Service of Major Responsibility	Frequency of Selection	Per Cent
Maternal and Child Health	37	36
Communicable Disease Investigation and Control	21	20
Pre-School and School Health	16	15
Administration and Supervision of Army Health Nursing Programs	13	13
Supervision of Immunization Clinics	4	4
Mental Health	2	2
Adult Health	2	2
Other	9	8
Total	<u>104</u>	

Pre-natal and post-natal clinics, well child clinics, child guidance clinics and home visits off the military post were included in the Maternal and Child Health classification. Tuberculosis case finding and contact investigation and home visits for communicable diseases were included in the Communicable Disease Investigation and Control category. The Pre-School and School Health grouping contained liaison activities with school officials and supervision of the nursery and kindergarten on post. The Administration and Supervision of

the Army Health Nursing Program idea encompassed supervision of non-professional personnel, professional training of other programs related to the health program, orientation of new staff members to the program, staff education and maintenance of records. Adult Health included health education and patient education. The other category contained liaison activities with hospital wards, provision for continuity of care from the hospital to the home, liaison services with other community health resources and acting as a social worker.

Thirty-six per cent of the respondents considered maternal and child health services as their most important responsibility. One of the health nurses sent this query with her questionnaire: "How many of the nurses are still using most of their time in the Maternal and Child Health section of the program? I think most of us used those activities in the beginning to sell ourselves but I think by this time we should be branching out quite a bit into other phases of the program."

Nursing Educational Preparation

The various types of basic nursing educational preparation of those nurses who returned the questionnaire are shown in Table 4.

Almost 75% of the respondents reported that they received their basic nursing education in a hospital school of nursing.

The post basic nursing educational preparation of 37 of these nurses is shown in Table 5.

TABLE 4. TYPES OF BASIC NURSING EDUCATION, 39 ARMY HEALTH NURSES

Programs	Number Graduated	Per Cent
Hospital School of Nursing	29*	74
Collegiate School of Nursing with Public Health Nursing Experience	6	15
Collegiate School of Nursing without Public Health Nursing Experience	4	10
Total	39	

*Included two nurses who had additional Junior College preparation and two who had public health nursing affiliation in Hospital School of Nursing preparation.

TABLE 5. POST-BASIC NURSING EDUCATION PREPARATION AS REPORTED BY 37 ARMY HEALTH NURSES

Type of Program	Number Graduated	Per Cent
Baccalaureate degree with Public Health Nursing major	17	46
Baccalaureate degree in General Nursing with Public Health Nursing	10	27
Surgeon General Approved Public Health Nursing Content (only)	5	14
Baccalaureate degree without Public Health Nursing	3	8
Master's degree	2	5
Total	37	

In addition to post-basic educational preparation in public health nursing, several nurses reported other types of preparation, such as completion of partial requirements towards a master's degree, and completion of postgraduate courses in anesthesia, maternal and child health and obstetrical nursing.

Years of Nursing Experience

Of the 43 respondents, one was a Lieutenant Colonel; 22 were Majors; 16, Captains; 3, First Lieutenants and one was a Second Lieutenant. Further breakdown to include the number of years that individual nurses have served in the Army Nurse Corps and have worked as health nurses and as civilian nurses, and the total years of nursing experience is shown in Table 6.

TABLE 6. TOTAL YEARS OF NURSING EXPERIENCE, INCLUDING ARMY NURSING, HEALTH NURSING IN THE ARMY, AND CIVILIAN NURSING, 39 ARMY NURSE CORPS OFFICERS

Years of Experience (to nearest year)	Number of Nurses with Army Experience	Number of Nurses with Health Nursing Experience	Number of Nurses with Civilian Experience	Number of Nurses and Total Years of Nursing Experience
0-3	5	12	7	4
4-7	6	15	9	1
8-11	6	12	10	2
12-15	15	0	4	8
16-19	7	0	3	3
20-23	0	0	0	10
24-27	0	0	0	7
28 and over	0	0	0	4
Total	39	39	33	39

Six nurses out of the total 39 who answered this part of the questionnaire had no civilian experience prior to entering the Army Nurse Corps. No nurse has been in the health nursing

program longer than 11 years, because the first program was established in 1949.

The health nurses were asked to state the total number of years of supervised experience they had received in civilian and Army health nursing. Thirty-seven replied with a range of 0-36 years. Twenty-one stated they had from 0-3 years total number of years of supervised experience and only one stated that she had 36 years of experience. Because this term was not clearly defined in this study it is possible to assume that it meant different things to different people. The majority of the health nursing programs have only one health nurse assigned and, therefore, receive little or no actual supervision from other members of the Army Nurse Corps supervisory officers.

Referrals

It was thought possible that the number and types of referrals health nurses received from within and outside the military installation during the month of October 1961 would reflect the kinds of services for which they are being utilized by other health personnel. The total number of referrals from within and outside the post received by health nurses are shown in Table 7, and services represented by these referrals in Table 8.

Eighty per cent of the total number of referrals by service during the month of October 1961, were received by health nursing programs from within their own military

TABLE 7. TOTAL NUMBER OF REFERRALS RECEIVED BY ARMY HEALTH NURSES, FROM OTHER HEALTH PERSONNEL, WITHIN AND OUTSIDE THE MILITARY INSTALLATION, OCTOBER 1961, 27 MILITARY INSTALLATIONS

Range of Referrals	Referrals from Within	Referrals from Outside	Total Number of Referrals
0-19	5	14	19
20-39	7	1	8
40-59	1	-	1
60-79	1	-	1
80-99	1	-	1
140-159	-	1	1
180-199	1	-	1
400-419	1	-	1
520-539	1	-	1
540-559	-	1	1
Total	18	17	35

TABLE 8. SERVICES REPRESENTED BY REFERRALS FROM WITHIN AND OUTSIDE THE MILITARY INSTALLATION, OCTOBER 1961, 27 MILITARY INSTALLATIONS

Services Represented by Referrals	Frequency Within	Per- cent	Frequency Outside	Per- cent	Total	Per- cent
Maternal and Child Health	73	44	12	24	85	39
School Health	16	9	13	27	29	14
Nutrition	41	25	6	12	47	22
Major Communicable Diseases	16	9	12	24	28	13
Chronic Diseases	11	7	3	6	14	7
Other	8	5	3	6	11	5
Total	165		49		214	

installation. The majority of those referrals received from outside the post were referrals regarding follow-up of

tuberculosis contacts, health problems of military children attending schools outside the military installation, and follow-up of premature infants. Almost 40 per cent of the total number of referrals by service from within and outside the post were for maternal and child health services. The most frequent number of home visits made within the post was 8, and outside the post, one, as a result of these referrals.

Physicians and nurses within the military installations furnished the majority of referrals to health nursing programs, while school and health department personnel made most of the referrals to the health nursing programs from outside the military installation.

Referrals made by the health nursing personnel to other posts, other agencies or departments within their specific posts during this same month of October 1961 ranged from 0 to 4145. The modal frequency was 0 to 19 referrals. The one health nursing program that reported 4145 referrals made to other sources had just completed the administration of school physical examinations. This large number of referrals were made mainly for follow-up of deficiencies found among the military dependents attending schools on the post.

The services represented by the referrals made by health nursing personnel to other posts, other agencies, or departments within their specific post during the month of October 1961 are tabulated in Table 9.

The other category included a great variety of departments or specific personnel to which referrals were made, such as:

American Red Cross; Post Chaplain; Eye, Ear, Nose and Throat Clinic; and Dental Clinic, to mention the referrals made most frequently. This classification represented 50 per cent of the referrals made by the health nurses to other service during the month of October 1961.

TABLE 9. REFERRALS MADE BY ARMY HEALTH NURSING PERSONNEL TO OTHER AGENCIES, OTHER POSTS, OR DEPARTMENTS WITHIN THE POST, BY SERVICES, OCTOBER 1961

Service Areas	Frequency of Referral	Per Cent
Maternal and Child Health	17	26
Communicable Disease Control	9	14
School Health	5	8
Mental Health	1	2
Speech Therapy	1	2
Other	33	50
Total	66	

Professional Meetings

Attendance at professional meetings, both on and off the post, might prove to be an effective means of providing an entry for health nurses toward making a more effective interpretation of their services. Thirty-eight of the nurses replied they attended some type of professional nursing meetings held at periodic intervals. Only one replied that she has not attended such meetings. Attendance at military nursing meetings was requested of 29 nurses and 4 others were invited to attend. Of the 28 nurses that stated that they have been asked to speak at these nursing meetings, 17 nurses

have done so one or two times since they have been in the health nursing program. These talks were given to the entire nursing staff (inservice education), post professional staff conference, a civilian Registered Nurse Club on post, head nurses meetings and District Nurses meetings. The subjects covered by these talks included orientation to the health nursing program, Army health nursing workshop reports, American Nurses Association convention proceedings, and specific discussions such as well child services. Two role playing panels were reported as being presented to the rest of the Army Nurse Corps staff. These were the rôle of the health nurse in cancer control and the role of the health nurse in planning for discharge of the patient.

Educational Courses

The Department of the Army has planned and conducted various one to two week short courses to provide new information concerning developments and current practices in the field of nursing and to serve as refresher courses for those working in the field of public health. Of the 38 nurses that answered the question regarding attendance at these workshops 28 have attended at least one while 11 of these nurses have participated in two of these short courses. The majority of the nurses have attended at least one of the three Army Health Nursing workshops held to date; the other courses that were attended were those pertaining to specific topics within the public health nursing field, such as tuberculosis nursing,

the public health nurse's role in the community and pediatric nursing.

In order to supplement the Army sponsored workshops funds have been made available for Army nurses to attend related civilian or other federal sponsored nursing courses. Sixteen of the 30 who replied stated that they had attended at least one of these courses. Examples of the courses the nurses attended were conducted by the U. S. Public Health Service, Communicable Disease Center, the Maternity Center Association of New York and the National Tuberculosis Association.

Following return to their normal duty assignment after attending one of these courses 13 nurses were asked to make a short report to some group of people, whether at an Army Nurse Corps inservice education meeting or to the dispensary staff. Sixteen were not asked to make any kind of report following such attendance.

Relationship with the Outpatient Department Nursing Staff

Due to their knowledge of community resources and relative freedom to effect liaison with these community resources, Army health nurses have an opportunity to help those military members and their dependents benefit in this use. Because the outpatient department nursing staff would be the ones who would know of the need for health resources not available in the military medical facility, the health nurses were asked if they felt that they had achieved effective personal relations with the outpatient department nurses. The majority of

the health nurses (76 per cent) felt that they had established a good relationship with the outpatient department nursing staff because of personal contact and cooperation, and sharing and involving the outpatient department nurses in planning for patient care. The health nurses that answered in a negative fashion felt this was due to: "time did not allow for improved relations--working on it now"; and "although accepting of the health nurse, had a poor concept of health nursing work".

Delegation of Responsibilities

Thirty ⁶⁰³⁻³⁴⁷ health nurses felt that they were performing tasks that could have been delegated to other professional and/or non-professional personnel. ^v The 9 areas of responsibilities that these nurses felt could be delegated to other professional personnel included: conducting prenatal and postnatal clinics; supervising dispensary non-professional personnel; teaching patient education classes; administering the general and dependent immunization clinics; serving as a relief nurse in the emergency room and pediatric and obstetrical clinics; assisting with the well baby clinic; and conducting home visits under the supervision of a health nurse.

The respondents to this study felt that non-professional personnel could be delegated clerical duties and perform other administrative details that would free the health nurse for specific program functions.

The duties the health nurses felt could be delegated to other professional personnel were incorporated in the health nursing program either because the health nurse and Preventive Medicine Officer offered the service in the past, or there was no one else to perform those tasks that were necessary for the program. Those responsibilities the health nurses felt could be performed by non-professional workers were included in the nursing program because there was no one else to do them and they were needed for the program.

Major Responsibilities

Two-thirds of the health nurses reported that they felt their most important responsibility in their present assignment was in the maternal and child health service area, and 41 per cent state that their second most important area was that of major communicable disease control and tuberculosis follow-up. Although there was no clear-cut evidence regarding what the nurses felt to be their third major area of responsibility, 31 per cent stated that school health services in combination with communicable disease control would fall into this category.

Satisfaction with Present Health Nursing Program

Table 10 indicates the replies that were received in answer to the question regarding satisfaction with the health nursing program at their present assignment.

TABLE 10. STATEMENTS OF 34 HEALTH NURSES REGARDING
SATISFACTION WITH THEIR PROGRAM AT
THEIR PRESENT ASSIGNMENT

Satisfied	Frequency of Answer
Yes	9
No	13
"To a point"	1
Yes and No	4
"Not exactly"	1
"Not possible to answer Yes or No"	1
Total	34

The reasons given for the Yes answers were:

Have met all challenges

Mainly because we are progressively improving our program

Serving the most necessary needs of this post--believe we are especially equipped as community health teachers and counsellors

Program seems to take care of most apparent needs of population at present--to expand, greater number of nurses would be needed

Excellent cooperation among personnel, high morale, in-service education

The one nurse who stated a yes answer "to a point" felt that "more services would be of value--however would have to consider priority on a needed vs. a nice-to-have basis".

The reasons of four health nurses for the Yes and No answer were:

Yes--development towards an active and progressive program and satisfaction of services rendered; No--numerous activities that need consideration but not possible to consider or accomplish because of time and absorption in pending health activities.

No overlapping of Army health nurse, therefore no continuity--lots have been accomplished but much has yet to be done.

More could be accomplished with less effort, more efficiently leading to more productivity if there was more cooperation within the professional personnel, lack of transportation, no clerk.

Good program, but lack of understanding of preventive medicine functions by professional and non-professional, lack of transportation and lack of clerk hamper the program.

The nurse who felt that it was not possible to answer the question with a Yes or No answer stated "Yes--program making progress, also convinced emphasis placed in most needed areas--much remains to be done in establishing a more effective and continuous orientation to Army health nursing utilization".

The following reasons were provided for the No answers:

Lack of understanding of the Army health nursing program, particularly by the medical and nursing service personnel.

Lack of command support and interest.

Lack of technical support.

Inadequate supervision furnished.

Unsatisfactory transportation services provided.

Assumption of duties that other professional or non-professional personnel might better assume.

Inadequate office facilities and space.

Unsatisfactory personnel policies, such as no relief provided when ill, on leave or attending workshops, and required to be on duty on Saturday morning with no provision made for relief during week.

Volume of maternal and child health services precludes adequate coverage in other areas of the health nursing program.

In response to the last questionnaire item, the following factors have been reported by the respondents that could influence the way health nurses perceive their role in the patient care team:

Organization and administration of the Preventive Medicine service.

Health nursing program already in existence.

Amount of flexibility permitted in the health nursing program.

Amount of supervision and consultation services in public health nursing readily available.

Provisions made for contact of and communication with other patient care team members.

Lack of information on newer trends in public health nursing.

Army Medical Service philosophy concerning dependent care.

Type and mission of a given installation.

Amount and type of health nursing orientation received by all hospital personnel.

Visualization of greatest health needs by health nurse herself, local medical authority, military families, and the military population as a whole.

Health nurse's rating officer and how this officer will affect her professional growth.

Amount and kind of support given health nursing program by medical and nursing personnel as well as those in administration.

Placement of health nurse on Table of Organization.

Personal attitudes toward facility, health nursing program and other medical personnel.

Personal satisfaction obtained in the program.

CHAPTER V

SUMMARY

Health nursing in the United States Army Medical Services is a relatively new program. In 1949, the first health nursing program in the United States Army was developed with the purpose of providing services to the soldier and his family similar to those available in the civilian community. This program was established to reduce hospitalizations in the military hospitals by the use of preventive health measures.

Since initiation of the first health nursing program, problems have been experienced which were similar to those of other agencies in the planning phase of a new program. There were bound to be difficulties not only because of the newness of the program, as well as it being the only service of its kind in the military medical services, but also because individuals tend to resist change.

Gradually, additional Army health nursing programs were established, each program was to fill the individual needs and problems of the various military installations. It was up to each health nurse to discover these needs and problems and to build her program accordingly. The program has grown and grown and now many posts in the United States and overseas

utilize the services of the Army health nurse in varying degrees.¹³

With this gradual increase of health nursing programs, more members of the patient care team were being exposed to the services of the health nurse. However, problems existed in the interpretation of services between health nurses and other members of the patient care team and in the utilization of health nursing services she could render to the military community.

This study was undertaken to identify the services and responsibilities that health nurses now furnish the military member and his family in their present assignments, and to attempt to delineate the factors that might affect the health nurses' perception of these services and responsibilities.

For the purpose of this study, the following variables were assumed to present some differences that would affect the health nursing program and therefore the responsibilities of the health nurse: geographical location of a given military installation, mission of the military installation, number of health nurses assigned to the individual health nursing program, and the number of non-professional personnel presently assigned to the individual health nursing program. In addition, it was assumed that health nurses perceive their role in dissimilar ways due to the variables as stated above, the

¹³ Alois Peczenik and Ruth B. Kelley, "Army Health Nursing: The Program at Fort Jackson", Military Medicine, Vol. CXXIV, No. 4 (April 1959), p. 292.

different types and amounts of educational preparation and experience they have received in public health nursing, and the needs and problems of their individual military community.

Fifty-six questionnaires were forwarded to the 52 health nurses and 4 nursing trainees assigned for supervised experience in a health nursing program in the continental United States. Sixty-eight per cent or 38 health nurses and nursing trainees, assigned to 27 military installations, returned completed questionnaires.

Part-time or full-time Preventive Medicine Officers were responsible for the total Army health nursing program of 27 respondents. Four health nurses reported that the Post Surgeon of the installation was responsible for the health nursing program, while three respondents stated that the Chief, Nursing Services was the responsible officer.

Full-time or part-time non-professional personnel have been assigned to the health nursing program as the need has been seen and as personnel for this assignment were made available. Thirteen health nursing programs had no full-time non-professional personnel assigned and of these programs, four were where one health nurse was assigned. The health nurses that were assigned to 8 health nursing programs reported they had neither full-time nor part-time non-professional workers assigned to their programs. Six respondents from this group stated that their clerical work was done on a part-time basis by the secretary in the preventive medicine office or by American Red Cross Volunteer Staff Aides.

Twenty-nine (74 per cent) of the health nurses received their basic nursing education in a hospital school of nursing. Fifteen per cent of the respondents obtained collegiate school of nursing with public health preparation and 10 per cent had collegiate school of nursing preparation without public health nursing experience. Almost 50 per cent of the respondents received further educational preparation in a baccalaureate degree program with public health major, while only 8 per cent did not receive public health in their baccalaureate educational program.

There were 6 nurses out of a total of 39 who stated they had no civilian experience prior to entering the Army Nurse Corps. Almost 50 per cent of the health nurses have been in the Army Nurse Corps for 12 to 15 years, and the majority of these nurses have been assigned to a health nursing program at least four years.

The number and types of referrals health nurses received from within and outside the military installation during the month of October 1961 indicated the kinds of services for which they were being utilized by other health personnel. The greatest number of referrals that were received by the health nurses from within the military installation fell within the range of 0-39 referrals per post. The majority of referrals received from outside the post fell into the range of 0-19 referrals per post. Eighty per cent of the total number of referrals by services during the month of October 1961 were received by health nursing programs from within their own

military installation. Almost 40 per cent of the total number of referrals by services from within and outside the post were for referrals in the maternal and child health field.

Referrals made by the health nursing personnel to other posts, other agencies, or departments within their own medical facility during the month of October 1961 ranged from 0-4145. The modal frequency was in the 0-19 referral range grouping.

All but one of the health nurses that completed the questionnaire stated that they attended some type of professional meeting held at periodic intervals. Attendance at military nursing meetings was requested of 29 nurses and four others were invited to attend these meetings. Two-thirds of the health nurses have presented a talk at these nursing meetings one or two times since they have been in the health nursing program. The subjects covered by these talks included orientation to the health nursing program, Army health nursing workshop reports, convention reports, and discussions of specific topics related to health nursing, such as well child services.

Seventy-three per cent of the health nurses reported that they had attended at least one Department of the Army short course. The majority of the nurses have attended at least one of the three Army Health Nursing workshops held to date. Approximately one in every two Army health nurses have attended at least one related civilian or other federal sponsored nursing course. Over half of the respondents were not asked to

give any kind of report following attendance at these courses.

The majority of the health nurses (76 per cent) felt that they have established a good relationship with the outpatient department nursing staff because of personal contact and cooperation, and sharing and involving the outpatient nursing staff in planning for patient care.

Almost 80 per cent of the health nurses felt that they were performing tasks that could be delegated to other professional and/or non-professional personnel.

Two-thirds of the nurses reported that in their opinion the most important responsibility in their present assignment was in the maternal and child health field, and 41 per cent stated that their second most important area was that of major communicable disease control and tuberculosis follow-up. Although there was no clear-cut evidence regarding what the nurses understood to be their third major responsibility, 31 per cent stated that school health services combined with major communicable disease control would fall into this category.

A little over one half of the respondents reported definite dissatisfaction with their present health nursing program and another 17 per cent stated that they were partially dissatisfied with the present program. Only 9 out of 34 nurses expressed complete satisfaction with their present health nursing program.

The respondents reported the following factors that could possibly influence the way health nurses perceive their role

in the patient care team: organization and administration of the Preventive Medicine service; health nursing program already in existence; amount of flexibility permitted; amount of supervision and consultation services available; provisions made for contact of and communication with other patient care team members; lack of information on newer trends in public health nursing; philosophy of medical services toward dependent care; type and mission of the installation; orientation received by hospital personnel; greatest needs as visualized by health nurse, preventive medicine officer, military member and family and the military community; health nurse's rating officer and how this officer will affect her professional growth; amount and kind of support medical and nursing personnel give the health nursing program; placement of the health nurse on the Table of Organization; the health nurse's personal attitude toward the facility, the program and other medical personnel; and the nurse's personal satisfaction obtained in the program.

Implications for Utilization of Data

On the basis of data provided by 37 questionnaire respondents, assigned in 27 military installations in the continental United States as health nurses and nursing trainees, findings reported in this study can be considered to be representative of health nursing in the continental United States as a whole. Data are not applicable to public health nursing in general or specifically to any one health nursing program within the continental United States.

Limitations

1. The term "supervised experience" was not defined as used in this study, therefore did not mean the same to all the respondents.
2. The health nurses were not specially questioned regarding the means they have been given to interpret their services to the total patient care team. Questions of this nature were only asked in connection with the Army Nurse Corps meetings, conferences and personal contact.

CHAPTER VI

CONCLUSIONS

Generally, Army health nursing programs are going through all phases of program planning, organization and evaluation at the same time. Seventy-one per cent of the health nurses reported that a part-time or full-time Preventive Medicine Officer was responsible for the total health nursing program; However, 8 per cent stated that the Chief, Nursing Services was the responsible officer for the entire health nursing program. Some health nurses feel that the needs of the military community are being met; others are planning to meet these needs.

The three major service areas that Army health nurses perceive to be their most important ones are the same three areas for which they receive the most referrals from within and outside the medical facility. These three major service areas are also the ones in which the majority of referrals are sent by health nurses to other posts, other agencies, or to departments within the military installation.

There are many nurses who are clear in what they are attempting to do through the various services, but it is also certain that many are not. The result is that activities are selected and programs

developed along traditional lines without reference to the potential of these services for effecting desirable change¹⁴

The assignment of non-professional and other professional personnel has not kept pace with the demands for such assignment.

Army health nurses have not been given a broad opportunity to become known and utilized by other members of the patient care team, other than their Army Nurse Corps peers.

Most Army health nurses are not satisfied with their present program. The reasons for this dissatisfaction fall under the general headings of lack of support for and/or lack of understanding of the health nursing program by command, administrative and other professional personnel.

¹⁴Ruth B. Freeman and Edward M. Holmes, Jr., "The Administrative Process in Public Health Service", Administration of Public Health Services (W. B. Saunders Company, 1960) p. 32.

CHAPTER VII

RECOMMENDATIONS

The following recommendations are suggested as a result of this study:

1. Utilization of any and all opportunities provided Army health nursing personnel to interpret the health nursing program to other members of the patient care team, particularly to command, administrative, nursing and medical personnel.
2. Assignment of needed professional and non-professional personnel to health nursing programs in order that Army health nurses might broaden their scope of activities into areas other than maternal and child health, major communicable disease control and school health as these needs are perceived by the preventive Medicine Officer and the Army health nurse.¹⁵
3. Incorporation of orientation of health nursing functions into the orientation that all medical facility personnel receive, non-professional as well as professional.
4. Consideration of the use of the multidisciplinary team approach in planning and organization of health nursing programs in the future. This team approach should be utilized to define the objectives of the program, its short and long-term goals and procedures to be used to meet these objectives and goals.

Recommendations for Further Study

1. Recommend that a study be conducted to determine how those in medical and nursing command positions can be made more aware of the potential services

¹⁵Technical Manual 8-272, "Manual for Army Health Nurses", Department of the Army, Washington, D.C. (19 Nov. 1959) p. 19

an Army health nurse can provide to the Army Medical Services, the military man and his family.

2. Recommend that a study be conducted to explore means of increasing acceptance and lending active support to the health nursing program by command personnel.

A P P E N D I X

APPENDIX
EXHIBIT 2

510 Alice Street
Ann Arbor, Mich.

Dear Co-Worker:

The enclosed questionnaire has been designed to study how we, as Army Health Nurses, perceive our role in the comprehensive patient care team. Do we perceive our role in similar or different ways? Practicing Army Health Nurses are the only ones who have answers to this question.

The questionnaire is being presented to determine what you think about the role of the Army Health Nurse. I realize that you know the Army Regulation governing the Army Health Nursing inside and out and are entirely familiar with the Army Health Nursing Manual. This questionnaire is not being sent to you to test your knowledge of regulations. It is asked that your answers be based only on your opinions of your present as well as past experiences as a Health Nurse.

Please answer every question frankly. It is not necessary to write your name on this questionnaire. The identification number found on the first page of the questionnaire will be used only in case it is necessary to contact you regarding this study.

Approval for this study has been received from Major Mercedes Fischer, Chief, Health Nursing Branch, Office of the Surgeon General, Department of the Army, Washington, D. C. It is being made for one of my courses in the School of Public Health, The University of Michigan, Ann Arbor, Michigan where I am now a student.

Please return the completed questionnaire no later than 31 January 1962. If this questionnaire arrives during your annual leave, it is asked that you complete it immediately upon your return and send it to me.

Thank you for answering the enclosed questionnaire and returning it to me in the enclosed self-addressed envelope.

Sincerely yours,

Amy D. Geissinger
Captain ANC

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QUESTIONNAIRE

EXHIBIT 1

The following terms, as used in this study, are defined as follows:

Perceive- See, understand

Role - Job, position, functions, responsibilities

Comprehensive patient care team- physicians, ward and clinic nurses, (Army as well as DAC), physical and occupational therapists, dietitians, social workers, chaplains, and other disciplines that have contact in caring for a patient in the hospital and after discharge.

Instructions: Please check or fill in the blanks.

- I. Number of Health Nurses assigned to your present station, including yourself _____
- II. Number of nurses assigned to your present station for supervised public health nursing experience, including yourself _____
- III. Title of person responsible for the total Army Health Nursing program at your present assignment.
 - Preventive Medicine Officer _____
 - Chief, Nursing Service _____
 - Other (Please state) _____
- IV. Number of non-professional personnel assigned to your program.
 - Fulltime _____
 - Part-Time _____
 - If part-time, how many hours are they assigned to the Health Nursing program, per day? _____
 - per week? _____
- V. What are the responsibilities of the non-professional personnel? (Such as clerical, etc. Outline if necessary).
- VI. Outline what you consider to be your major responsibilities in your present assignment (If enough space is not provided, please use the reverse side of this page.)

VII. Your Professional Background

A. Basic Nursing Education

- 1. Hospital school of nursing _____
- 2. Junior college school of nursing _____
- 3. Collegiate school of nursing with public health nursing _____
- 4. Collegiate school of nursing without public health nursing _____

B. Post Basic Nursing Education

- 1. SGO approved public health nursing content (only) _____
Baccalaureate degree with public health nursing
- 2. major _____
- 3. Baccalaureate degree in general nursing with PHN _____
- 4. Baccalaureate degree in general nursing w/o PHN _____
- 5. Master's degree with specialty in Nursing _____
- 6. Master's degree with other specialty (Please state) _____
- 7. Other (Please state) _____

C. Your Years of Nursing Experience

- | | Years |
|--|-------|
| 1. Army, including Army Health Nursing | _____ |
| 2. Other military | _____ |
| 3. Civilian | _____ |
| 4. Total years of nursing experience | _____ |

D. Your years of supervised PHN experience (including AHN)... _____

E. Your total years in Army Health Nursing _____

VIII. Referrals: How many referrals to the Army Health Nursing program were received in your post during October 1961?..... _____

A. From within the post?..... _____

B. From outside the post?..... _____

IX. Please check the services represented in referrals from within and outside the post during the month of October 1961.

<u>Services</u>	<u>From within the post</u>	<u>From outside the post</u>
A. Maternal and Child Health		
1. Prenatal	_____	_____
2. Postnatal and newborn..	_____	_____
3. Premature.....	_____	_____
4. Well baby supervision..	_____	_____
5. Other (Please State) _____	_____	_____
B. School Health		
1. Immunizations.....	_____	_____
2. Health supervision.....	_____	_____
3. Other (Please state) _____	_____	_____

Services From within the post From outside the post

C. Nutrition

- 1. Diabetic instruction _____
- 2. Prenatal _____
- 3. Child health _____
- 4. Adult health _____
- 5. Other (Please state) _____

D. Major Communicable Diseases _____

E. Mental Health _____

F. Chronic Diseases _____

G. Other (Please state) _____

H. No. of Home Visits made
as a result of these
referrals _____

X. Please indicate the number of refferals by type and source.

Type of referral	<u>Number of referrals</u>	
	<u>From within</u>	<u>From outside</u>
Telephone.	_____	_____
Written	_____	_____
Personal contact	_____	_____

XI. Please indicate the number of referrals initiated by professional discipline, by title of persons making referrals and by source of referrals.

<u>Discipline</u>	<u>Title</u>	<u>Number of referrals</u>	
		<u>From within</u>	<u>From outside</u>
Physicians	_____	_____	_____
"	_____	_____	_____
"	_____	_____	_____
Nurses	_____	_____	_____
"	_____	_____	_____
"	_____	_____	_____
Others	_____	_____	_____
"	_____	_____	_____
"	_____	_____	_____

XII. How many referrals were made by your Army Health Nursing program to other posts, agencies or departments within your post during the month of October 1961? _____

List the services represented.

XIII. Professional Meetings.

- A. Do you attend ANC meetings? Yes _____ No _____
- B. If so, what are these meetings? (In-service, monthly staff, etc.) _____
- C. Are you requested to attend these meetings? Yes _____ No _____
- D. Have you ever been asked to speak at any ANC meeting? Yes _____ No _____

What type of meetings _____
If so, how many times?..... _____
For what purpose, or purposes? _____

- D. Have you ever attended any Army sponsored workshops? Yes _____ No _____
If so, how many? _____
What kind or kinds? _____

- E. Have you ever attended a civilian public health nursing or related workshop on Army TDY funds or administrative leave? Yes _____ No _____
If so, how many? _____
What kind or kinds? _____

- F. If you have ever attended any of the above, were you asked to make a report after your return to normal duty station? Yes _____ No _____
If so, to whom? _____
How was report made? _____

- XIV. Do you feel that you have established an effective professional relationship with the outpatient department nursing staff? Yes _____ No _____

If so, how did you accomplish this? _____

- XV. Do you feel that you are doing some duties that could be delegated to other professional and/or non-professional personnel? Yes _____ No _____

If so, what are these duties and to whom could they be delegated?

If so, who was responsible for these duties being incorporated in your Health Nursing program? (Title of responsible individual) _____

XVI. In your opinion, what are your three major responsibilities in each of the service areas listed below. Rank these responsibilities 1,2, and 3, in order of importance and place the appropriate number opposite the responsibilities selected. If there is a responsibility you believe to be more important than those listed, list it in the "Other" line and place your number opposite it.

A. Maternal and Child Health Services

- 1. Expectant parents classes _____
- 2. Well baby clinic _____
- 3. Home visits to prematures _____
- 4. Ante-partum clinic _____
- 5. Post-partum clinic _____
- 6. Child guidance conferences _____
- 7. Demonstration classes _____
- 8. Other _____

B. School Health Services

- 1. Nurse-teacher conference _____
- 2. Nurse-parent conference _____
- 3. Home visits for follow-up _____
- 4. Health teaching to children in classroom _____
- 5. Instruction to teachers, re: testing (vision, etc.) _____
- 6. Liaison between school and medical care facility .. _____
- 7. Other _____

C. Communicable Diseases (Tuberculosis, VD, Strep, Staph, Enteric Infections)

- 1. Epidemiological follow-up _____
- 2. Giving medications _____
- 3. Follow-up of contacts _____
- 4. Health supervision _____
- 5. Case finding and reporting _____
- 6. Other _____

D. Chronic Diseases (Diabetes, Arthritis, Cancer)

- 1. Case finding and reporting _____
- 2. Arranging for appropriate treatment _____
- 3. Giving medications _____
- 4. Patient instruction to give own medication _____
- 5. Encouraging frequent medical supervision _____
- 6. Other _____

E. Other services not included that you feel to be important areas of responsibilities. (Please rank specific activities in order of importance.)

XVII. Of the responsibilities that you have selected in Item XVI, please list and rank the three that you feel to be the most important in your present assignment.

1st _____

2nd _____

3rd _____

XVIII. Do you feel that you have established good liasion with civilian as well as military public health personnel? Yes___ No___

Briefly state your reasons for feeling as you do about the above answer.

XIX. Are you satisfied with the Army Health Nursing program at your present assignment? Yes___ No___

Briefly, explain your reasons.

XX. Use this space to write anything that may not have been asked in this questionnaire about factors that could influence the way Health Nurses perceive their role in the patient care team.

If you wish to receive a summary of this study, please tear off on the line below and return the slip to me in a separate envelope. The summary will be sent to those who desire one in June 1962.

•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•